



## **Southern Indiana Community Health Care, Inc.**

### **Notice of Privacy Practices**

### **Your Information. Your Rights. Our Responsibilities.**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

#### **Your Rights**

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Receive an electronic or paper copy of written notice about referrals
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### **Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

#### **Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address worker' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## **Your Rights**

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

### **Get an electronic or paper copy of your medical record**

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 48 hours of your request. We will provide one copy each year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### **Ask us to correct your medical record**

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

### **Request confidential communications**

- You can ask us to contact you in a specific way (for example: home, office phone, patient portal, secure remote connections, cell phone or text messaging if available) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

### **Receive an electronic or paper copy of written notice about referrals**

- Under the New law, the provider must supply a covered patient with an electronic or paper copy of written notice that states the following:
  - That an out of network provider may be called upon to render health care items or services to the covered individual during treatment.
  - The out of network provider is not bound by the payment provisions that apply to health care items or services rendered by a network provider under the covered individual’s health plan.
  - The covered individual may contact the covered individual’s health plan before receiving health care items or services rendered by an out of network provider to obtain a list of network providers that may render the health care items or services and for additional assistance.
- The new law does not apply to the following:
  - A referral for treatment of an emergency medical condition.
  - A referral made immediately following treatment of an emergency medical condition and by the provider that rendered the treatment of the emergency medical condition
  - A referral for medically or psychologically necessary therapeutic services rendered to an admitted patient in a hospital or another facility to which a patient may be admitted for more than twenty-four hours.

### **Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information, and a restricted disclosure waiver is required to be signed.

## **Get a list of those with whom we've share information**

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## **Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## **Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## **File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Psychotherapy notes

In the case of fundraising:

We may contact you for fundraising efforts, but you can tell us not to contact you again.

## **Our Uses and Disclosures**

### **How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

#### **Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition*

#### **Run our Organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We give information about you to your health insurance plan so it will pay for your services*

#### **Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

### **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes.

*SICHC is part of an Organized Health Care Arrangement (OHCA) including participants in the Clinically Integrated Network of Indiana (CINI). A current list of CINI participants is available at [www.cinindiana.com](http://www.cinindiana.com). As a business associate of SICHC, CINI supplies information technology and related services to SICHC and other CINI participants. CINI also engages in quality assessment and improvement activities on behalf of its participants. For example, CINI coordinates clinical review activities on behalf of participating organizations to establish best practice standards and assess clinical benefits that may be derived from the use of electronic health record systems. CINI also helps participants work collaboratively to improve the management of internal and external patient referrals. Your personal health information may be shared by SICHC with other CINI participants or a health information exchange only when necessary for medical treatment or for the health care operations purposes of the organized health care arrangement. Health care operations can include, among other things, reviewing zip code of your residence location to improve the clinical benefits you receive.*

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

### **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Do research**

We can use or share your information for health research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donations requests**

We can share health information about you with organ procurement organizations.

## **Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court of administrative order, or in response to a subpoena.

## **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site, [www.sichc.org](http://www.sichc.org).

## **Other Instructions for Notice**

- This notice was published and became effective June 21, 2010.
- This notice was updated on March 4, 2022
- "We never market or sell personal information."
- "We will never share any substance abuse treatment records without your written permission."

**Complaint/Contact Person or Persons**

If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concern to our Privacy Officer:

**Privacy Officer**

**Southern Indiana Community Health Care**

**P.O. Box 270**

**Paoli, IN 47454**

Or by contacting the Office Managers:

**SICHC Paoli - Home Office**

420 W Longest St.

Paoli, IN 47454

812-723-3944

**SICHC Marengo**

5604 E White Oak Lane

Marengo, IN 47140

812-365-3221

**SICHC English**

307 S. Indiana Ave.

English, IN 47118

812-338-2924

**SICHC West Baden**

8163 W. State Road 56 Suite A

West Baden, IN 47469

812-723-7125

**SICHC Orleans School**

173 Marley St.

Orleans, IN 47452

812-723-3944 (Home Office)

**SICHC Mitchell**

2759 State Road IN-37

Mitchell, IN 47446

812-992-5440

**SICHC Bedford**

629 Lincoln Ave.

Bedford, IN 47421

812-675-4470

Virtual or Remote Visit contacts are directed to Home Office as listed above